



Case No. NIH147.001C1
Date: August 20, 2001

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF APPEALS

In re application of : Szkudlinski, et al.

App. No. : 09/185,408

For : GLYCOPROTEIN
HORMONE
SUPERAGONISTS

Filed : November 3, 1998

Group Art Unit : 1647

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on

August 20, 2001

(Date)

Nancy W. Vensko, Reg. No. 36,298

BOARD OF PATENT APPEALS AND INTERFERENCES
Washington, D.C. 20231

Dear Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated March 20, 2001 of the Primary Examiner finally rejecting Claims 81-140. The item(s) marked below are appropriate:

(X) An extension of time to respond to the final rejection for 2 month(s) is hereby requested.

Filing Fee:

(X) \$310 (large entity)

Time Extension Fee (if applicable):

(X) two months (\$390 large entity)

(X) Not required (fee paid in Amendment After Final Rejection filed herewith).

(X) Return prepaid postcard.

(X) Please charge any additional fees or credit overpayment to Deposit Account No. 11-1410.

08/23/2001 HVUONG1 00000112 09185408

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310.00 DP

Signature:

Nancy W. Vensko

Registration No. 36,298

Post Office Address:
(to which correspondence is to be sent)

KNOBBE, MARTENS, OLSON & BEAR, LLP
620 Newport Center Drive
Sixteenth Floor
Newport Beach, CA 92660
(805) 547-5585

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Examiner : Spector, L.
Art Unit : 1647

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Nancy W. Yensko, Reg. No. 36,298

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ASSISTANT COMMISSIONER FOR PATENTS BOX AF
WASHINGTON, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

(X) An extension of time to respond for 2 month(s) is hereby requested.

Time Extension Fee:

(X) two months (\$390 large entity)

The fee has been calculated as shown below:

CLAIMS AS FILED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	59	—	80	= 0 ×	\$18	= \$0
Independent Claims	3	—	6	= 0 ×	\$80	= \$0
If application has been amended to contain multiple dependent claim(s), then add					\$270	= \$0
Notice of Appeal Fee						\$310
Time Extension Fee						\$390
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$700

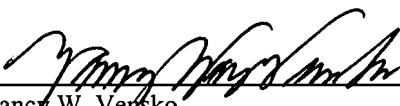
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- (X) Notice of Appeal (in duplicate)
 - (X) Return prepaid postcard.
 - (X) A check in the amount of \$700 is enclosed.
 - (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Nancy W. Versko
Registration No. 36,298
Attorney of Record

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